



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

Youth Basketball

An eight-week program designed to teach the basic fundamentals of basketball to promote healthy kids and encouraging healthy competition, family involvement, fair play and teamwork.

FINANCIAL ASSISTANCE IS AVAILABLE

Season: Saturdays, Beginning January 13, 2018
Program Fee: Y Member, \$55 Non-Member, \$85
REGISTRATION DEADLINE DECEMBER 3, 2017

Division: Pee-Wee (3-5yrs) K-1 grade 2-3 grade 4-5 grade

Shirt Size: (Circle one) YS YM YL AS AM AL

Participant Name: _____

Grade: _____ Gender: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Interested in Coaching? Please check one:

Head Coach OR Asst. Coach

Name _____ Contact # _____

Waiver, In consideration of my participation in the activities of the YMCA OF VINCENNES, I do hereby agree to hold free from any and all liability the YMCA OF VINCENNES, Board Members, representing officers, employees, volunteers and members and do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages or injuries which I may have or which may hereafter accrue to me arising out of or connected with me participating in any of the activities of the YMCA OF VINCENNES. I hereby do declare my child to be physically sound to participate in the activities at the YMCA. Pictures/videos taken during activities at the YMCA OF VINCENNES may be used for marketing purposes. I understand this specific release may be revoked at any time by written request.

PLEASE NOTE: THE YMCA DOES NOT FURNISH ACCIDENT/ILLNESS MEDICAL INSURANCE. MEDICAL BILLS, INCLUDING PRESCRIPTION DRUGS, WILL BE THE RESPONSIBILITY OF THE PARENTS.

Parent/Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

